

No. 2  
9-4-41  
5-17-39  
X29484

26870

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 53

FILED SEP 11 1942 010  
Primary Registration District No. ....

Registrar's No. 249

16  
14

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days  
(Specify whether years, months or days)

In this community 10 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles North of Perryville  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Edwin William Schromp

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1942 hour 2 minute 10 A.M.

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. 496-18-7653

21. I hereby certify that I attended the deceased from 8/13  
1942 to 8/23 1942  
that I last saw him alive on 8/23  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

Immediate cause of death

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Dec. 31 1919  
(Month) (Day) (Year)

Toxic Illness

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>7</u>	<u>22</u>	hr. min.

Due to Captured appendix

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

Due to Generalized peritonitis

10. Usual occupation Shoe Worker

Other conditions (Include pregnancy within 3 months of death) 12/11

11. Industry or business \_\_\_\_\_

Major findings: Perf. appendix

12. Name Aaron Schromp

Of operations Gen. peritonitis

13. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Victoria Huber

15. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

16. (a) Informant Victoria Schromp

(b) Address Perryville Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 8-25-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

(b) Date of occurrence \_\_\_\_\_

19. (a) 8-26-42 (b) W. Phelps  
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

1014, (Licensed Embalmer's Statement on Reverse Side)

23. Signature D. B. Cross (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Date signed 8-25-42

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. H  
District File Number 942-1180  
Date Filed 9-9-72

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Quail C. Hume.....

Licensed Embalmer No. 2138.....

P. O. Address Rayville, Mo.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**